


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90144 002 ****50.00


DOCUMENT # L06000088308 1. Entity Name CLEMONS OKEECHOBEE, LLC	
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Principal Place of Business 4835 N.W. 30TH STREET OKEECHOBEE, FL 34973	Mailing Address 4835 N.W. 30TH STREET OKEECHOBEE, FL 34973
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2. Principal Place of Business - No P.O. Box # 4853 N.W. 30th Street	3. Mailing Address 4853 N.W. 30th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Okeechobee, FL	City & State Okeechobee, FL
Zip 34972	Zip 34972
Country Okeechobee	Country Okeechobee

60010099



01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8074330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CLEMONS, OTIS P 4835 N.W. 30TH STREET OKEECHOBEE, FL 34973	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4853 N.W. 30th Street City Okeechobee FL Zip Code 34972
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

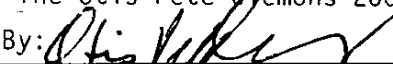
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM The Otis Pete Clemons 2006 Irrevocable Trust 4853 N.W. 30th Street Okeechobee, FL 34972	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

The Otis Pete Clemons 2006 Irrevocable Trust

SIGNATURE: By:  1-12-07 863/23-4432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #